

CHAPTER 5
ILLUSTRATED FORMS

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CITY/TOWN COURT CASH BOOK

Prescribed by State Board of Accounts

RECEIPTS																			
Date		Receipt or Check Number	Fee Book		Case Number	From Whom Received or to Whom Paid	Total Cash Received	Court Costs			State Fines and Forfeitures	Infraction Judgments	Overweight Vehicle Fines	City/Town Fines	Document Fees	Facsimile Fees	Document Storage Fees	Late Payment Fees	Local User Fees
Mo.	Day		No.	Page				State	County	City/Town									
						AMOUNT BROUGHT FORWARD													
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CITY/TOWN COURT OF _____

												DISBURSEMENTS									
State User Fees		Safe Schools Fees	Highway Worksite Zone Fees	Domestic Violence Fees	Automated Record Keeping Fees	Cash Bonds	Administrative Fees	Marijuana Eradication Fees	Jury Fees	Other Fees	Trust Funds	Total Disbursements	Fees Paid to State	Fees Paid to City/Town	Fees Paid to County	Cash Bonds		Other Fees	Trust Funds		
Due State	Due County																				
1																				1	
2																				2	
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SAMPLE

[illegible]

CITY/TOWN COURT RECEIPT - COURT

Date	Kind	Number	Page	Cash	Check	M.O.	E.F.T.	CC-BC	Other	Case Number
RECORD				PAYMENT TYPE AND AMOUNT						

From Whom Received	On What Account	\$ Total Received
--------------------	-----------------	----------------------

Court Costs:		
State Share		
County Share		
City/Town Share		
State Fines and Forfeitures		
Infraction Judgments		
Overweight Vehicle Fines		
City/Town Fines		
Document Fees		
Facsimile Fees		
Document Storage Fees		
Late Payment Fees		
Local User Fees:		
Pretrial Diversion Program		
Alcohol and Drug Service Program		
Law Enforcement Continuing Education		
Deferral Program		
Drug Court		

State User Fees:		
Alcohol and Drug Countermeasures		
Drug Abuse, Prosecution:		
Interdiction and Corrections		
Safe Schools Fees		
Highway Worksite Zone Fees		
Domestic Violence Fees		
Automated Record Keeping Fees		
Cash Bonds		
Administrative Fees		
Marijuana Eradication Fees		
Jury Fees		
Other Fees		
Trust Funds		
TOTAL		

By _____ (Judge) (Clerk) City/Town Court

Form Prescribed by State Board of Accounts

City and Town Form No. 215 (1987)

CITY/TOWN COURT

_____, _____ No. _____

PAY TO THE
ORDER OF _____ \$ _____

_____ DOLLARS

FOR _____

_____ DOCKET NO. _____ PAGE _____ CAUSE NO. _____

(Judge) (Clerk) City/Town Court

Form Prescribed by State Board of Accounts

City and Town Form No. 215 (1987)

CITY/TOWN COURT

_____, _____ No. _____

PAY TO THE
ORDER OF _____ \$ _____

_____ DOLLARS

FOR _____

_____ DOCKET NO. _____ PAGE _____ CAUSE NO. _____

(Judge) (Clerk) City/Town Court

Form Prescribed by State Board of Accounts

City and Town Form No. 215 (1987)

CITY/TOWN COURT

_____, _____ No. _____

PAY TO THE
ORDER OF _____ \$ _____

_____ DOLLARS

FOR _____

_____ DOCKET NO. _____ PAGE _____ CAUSE NO. _____

(Judge) (Clerk) City/Town Court

PRESCRIBED BY STATE BOARD OF ACCOUNTS

CITY AND TOWN FORM 217CT (REV. 1997)

**REPORT TO COUNTY AUDITOR OF FINES AND FEES
COLLECTED IN CITY/TOWN COURT**

To the Auditor of _____, County, Indiana

I, _____, (Judge) (Clerk) of _____
City/Town Court, hereby certify that I have collected the following amounts of fines and forfeitures
payable to the county:

For the month ending _____, _____

Itemization	Collections This Period		Prior Collections		Year to Date Collections	
State Fines and Forfeitures						
Infraction Judgments						
Overweight Vehicle Fines						
State User Fees (75%) - County Drug Free Community Fund						
Marijuana Eradication Fees						
Jury Fees						
TOTAL AMOUNT COLLECTED						

Dated _____, _____

(Judge) (Clerk) _____ City/Town Court

NOTE - Mail To:

_____ County Auditor

(Make check payable to _____ County Treasurer)

(Judge) (Clerk) of _____ City/Town Court

CITY/TOWN COURT DAILY/MONTHLY BALANCE RECORD

Date of Balance _____, 20__

Daily _____ Monthly _____

Form Prescribed by State Board of Accounts

City Town Form No. 219CT (Rev. 2002)

	Beginning Balance	Receipts During Period	Disbursements for Period	Ending Balance
Payable to State:				
Court Costs - 55%				
State User Fees - 25%				
Safe Schools Fees				
Highway Work Zone Fees				
Domestic Violence Fees				
Automated Record Keeping Fees				
Payable to Fiscal Officer:				
Court Costs:				
County - 20%				
City/Town - 25%				
City/Town Fines				
Document Fees				
Administrative Fees				
Facsimile Fees				
Document Storage Fees				
Late Payment Fees				
User Fees:				
Pretrial Diversion Program				
Alcohol and Drug Services Program				
Law Enforcement Continuing Education				
Deferral Program				
Drug Court				
Payable to County:				
State Fines and Forfeitures				
Infraction Judgments				
Overweight Vehicle Fines				
State User Fees - 75%				
Marijuana Eradication Fees				
Jury Fees				
Cash Bonds				
Other Fees				
Trust Funds				
Totals				

CASH RECONCILEMENT

_____, 20__

Name of Depository	Depository Balance at Beginning of Period	Deposits	Checks Issued	Depository Balance at Close of Period
Bank				
Bank				
Investments				
Totals				
Add Cash on Hand at End of Period	x	x	x	x
Plus Cash Short or Minus Cash Long	x	x	x	x
Total Cash Balance	x	x	x	x

FEE BOOK

1

Date Filed _____ Case No. _____ Additional Information or Receipt
 (Plaintiffs) (Defendants)

_____ vs _____ User Fees _____

Court Costs _____ Receipts No. _____ Misc. Fees _____

Amount of Judgment _____

Date of Judgment _____ JD _____ Pg. No. _____

Other Information _____

SAMPLE

Date Filed _____ Case No. _____ Additional Information or Receipt
 (Plaintiffs) (Defendants)

_____ vs _____ User Fees _____

Court Costs _____ Receipts No. _____ Misc. Fees _____

Amount of Judgment _____

Date of Judgment _____ JD _____ Pg. No. _____

Other Information _____

SAMPLE

Date Filed _____ Case No. _____ Additional Information or Receipt
 (Plaintiffs) (Defendants)

_____ vs _____ User Fees _____

Court Costs _____ Receipts No. _____ Misc. Fees _____

Amount of Judgment _____

Date of Judgment _____ JD _____ Pg. No. _____

Other Information _____

SAMPLE

Date Filed _____ Case No. _____ Additional Information or Receipt
 (Plaintiffs) (Defendants)

_____ vs _____ User Fees _____

Court Costs _____ Receipts No. _____ Misc. Fees _____

Amount of Judgment _____

Date of Judgment _____ JD _____ Pg. No. _____

Other Information _____

SAMPLE

Date Filed _____ Case No. _____ Additional Information or Receipt
 (Plaintiffs) (Defendants)

_____ vs _____ User Fees _____

Court Costs _____ Receipts No. _____ Misc. Fees _____

Amount of Judgment _____

Date of Judgment _____ JD _____ Pg. No. _____

Other Information _____

SAMPLE

REGISTER OF TRUST FUNDS

Form Prescribed by State Board of Accounts

General Form No. 102 (1959)

	DATE RECEIVED			RECEIPT NUMBER	FOR WHOM RECEIVED	CAUSE NUMBER	RECORD		AMOUNT RECEIVED	✓	DATE DISBURSED			CHECK NUMBER	AMOUNT DISBURSED	MEMORANDA
	MONTH	DAY	YEAR				DOCKET	PAGE			MONTH	DAY	YEAR			
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PRESCRIBED BY STATE BOARD OF ACCOUNTS

GENERAL FORM NO. 367 (1984)

CLERK'S REPORT TO AUDITOR
OF ADDITIONAL JUDGMENTS FOR EXCISE TAX

TO THE AUDITOR OF _____ COUNTY, INDIANA

COLLECTIONS FOR MONTH _____, ____

LAW ENFORCEMENT AGENCY	NO. OF CITATIONS ISSUED	AMOUNT COLLECTED
STATE POLICE		
COUNTY SHERIFF		
CITY OF _____ POLICE		
CITY OF _____ POLICE		
TOWN MARSHAL - TOWN OF _____		
TOTALS		\$

I SWEAR THAT THE ABOVE IS A TRUE AND CORRECT STATEMENT OF ALL COSTS AND FEES BELONGING TO THE ABOVE AGENCIES AND DEPARTMENTS COLLECTED BY ME FOR THE PERIOD SHOWN.

STATE OF INDIANA _____ COUNTY, SS

IC 9-18-2-41 PROVIDES THAT THE CLERK OF THE COURT SHALL ON A CALENDAR YEAR BASIS TRANSFER ADDITIONAL JUDGMENTS COLLECTED UNDER IC 9-18-2-1 TO THE COUNTY AUDITOR WHO SHALL DISTRIBUTE THE FUNDS TO THE LAW ENFORCEMENT AGENCIES RESPONSIBLE FOR ISSUING CITATIONS. THE PERCENTAGE OF FUNDS DISTRIBUTED TO A LAW ENFORCEMENT AGENCY EQUALS THE TOTAL NUMBER OF CITATIONS ISSUED BY THE LAW ENFORCEMENT AGENCY. THE STATE BOARD OF ACCOUNTS RECOMMENDS MONTHLY FILING OF THIS FORM TO ELIMINATE THE NECESSITY OF CARRYING THESE ITEMS IN TRUST.

_____ COURT

CLERK OF THE COURT

ATTORNEY GENERAL OF INDIANA

REPORT OF UNCLAIMED FUNDS AND ESCHEATED ESTATES DUE THE STATE

DATE PAID IN	FOR WHOM RECEIVED	RECORD	NO.	PAGE	AMOUNT
	<div>SAMPLE</div> <p>This form is to be used when reporting and paying to the Attorney General all unclaimed fees and funds five or more years old and escheated estates.</p> <p>This form is to be prepared in triplicate. It is furnished by the office of Attorney General.</p>				

MAKE THREE COPIES, ONE EACH FOR CLERK, ATTORNEY GENERAL, STATE AUDITOR

TOTAL